



Automated Medical Payments

Medicaid Bulletin Colorado Title XIX

Fiscal Agent

CONSULTEC

600 Seventeenth Street
Suite 600 North
Denver, CO 80202

Medicaid Provider Services

303-534-0146
1-800-237-0757

Mailing Addresses

Claims & PARs
P.O. Box 30
Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments

P.O. Box 90
Denver, CO 80201-0090

Provider enrollment, Provider information, Changes, Signature authorization, and Claim requisitions

P.O. Box 1100
Denver, CO 80201-1100

Medicaid Fiscal Agent Information on the Internet

WWW.CONSULTEC-GCRO.COM

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: Nursing Facilities

June 2000

Reference: B0000068

Urgent Read Immediately

Simplified Instructions for Nursing Facilities to Respond to Medicare Intent to Retract (ITR) Letters

To respond to provider concerns, the Medicaid Program has developed a simplified method for Nursing Facilities to respond to Medicare Intent to Retract (ITR) letters.

Providers recently received Medicare ITR letters with a list (ITR list) of Medicaid clients and service dates that may be covered by retroactive Medicare coverage. The letter states that providers must bill Medicare for covered services, receive payment or denial, and report the results of the billing activity or previous claim payments will be recovered.

May 2000 ITR letters listed retroactive Medicare coverage identified from January 1, 1999 through May 2000. Future Medicare ITR letters will be produced monthly. The monthly letters will list clients for whom retroactive Medicare coverage has been identified in that month. This means that future reports will be smaller. Once a client has appeared on the ITR letter, that name is not repeated on future reports unless there is a disruption in Medicare coverage and a subsequent retroactive Medicare coverage circumstance is identified.

In recognition of the special requirements for Medicare nursing facility coverage, the Medicaid Program is modifying the ITR response method for nursing facilities. Medicaid Administrators are also working to refine the ITR identification process that may also reduce the number of future ITR letters.

Medicare ITR Nursing Facility Response Process

1. Review the contents of the ITR letter and determine if the Client and the Dates of Service on the ITR listing are billable to Medicare.

2. If the stay is billable to Medicare, submit the claim to Medicare and follow the process described in the ITR letter.
3. If the referenced stay is not billable to Medicare, use the *Medicare ITR Nursing Facility Response* form to notify the fiscal agent of the review results.
4. To respond to the ITR letter, complete and return the *Medicare ITR Nursing Facility Response* form with a copy of the ITR client listing.
 - The *Medicare ITR Nursing Facility Response* form is included with this bulletin and should be copied as needed.
 - The form states that the contents of the ITR letter have been reviewed and allows the facility to certify by statement and signature that services are not billable to Medicare.
5. The *Medicare ITR Nursing Facility Response* form may be signed by any staff who are authorized by the provider to submit Medicaid claims
6. Return the *Medicare ITR Nursing Facility Response* and the copy of the ITR client listing to the fiscal agent as soon as possible.
 - Early response allows the Medicaid fiscal agent sufficient time to enter response information and halt the automated recovery process.
 - **If the fiscal agent does not receive the *Medicare ITR Nursing Facility Response* form and related Medicare billing information within 120 days, claim recoveries will occur automatically.**

Please note, if claims are recovered in error or because the required response information was not submitted in a timely manner, the provider may contact the fiscal agent for repayment processing instructions.

Please direct questions about Medicaid billing or the information in this bulletin to Medicaid Provider Services at:

303-534-0146 or 1-800-237-0757 (toll free Colorado)